		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092037	B. WING		05/2	6/2016
	PROVIDER OR SUPPLIER ARBOR OF APEX	901 SPRII	NG ARBOR	STATE, ZIP CODE		
APEX, NO			27502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Records indicate th 01/13/1999. The fac 76 Beds with a 20 E Therefore the facilit conformance with the 2005 Rules for Lice Seven or More Bed the 1996 (1999) Ed Building Code(s), In 1996 Rules for Lice	is facility was first licensed on cility is currently licensed for Beds Special Care Unit.				
C 166	licensure.	ntained Free of Hazards	C 166			
	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	PHYSICAL PLANT 06 HOUSEKEEPING AND				
	maintained free fror required clearance not be encroached electrical equipmen	et as evidenced by: ation the facility is not in hazards. The building code for electrical equipment must upon. Obstructing access to t could prevent quick for an emergency situations.				
	Findings on 05/26/2 a. 100 Hall Café - It the electrical panels	ems were stored in front of				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	or riealth Service IN				T	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	1 ` '		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NOMBER.		A. BUILDING: 01		COMPLETED		
		HAL092037	B. WING		05/2	6/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TO WILL OF T	NOVIDER OR OUT FIER		NG ARBOR (
SPRING	ARBOR OF APEX	APEX, NO		COURT		
	O. I. I. I. A. D. (O. T.)			DDOL/IDEDIO DI ANI OF CODDECTI	211	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	3 11 1	3				
	SECTION .0300 - F	PHYSICAL PLANT				
	10A NCAC 13F .03	11 OTHER				
	REQUIREMENTS					
		d all fire safety, electrical,				
		umbing equipment in an adult				
		maintained in a safe and				
	operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)					
		ly to existing facilities.				
	William Tot app	ly to oxioning radinates.				
	This Rule is not me					
		ration there is a failure to				
		's fire safety equipment in a				
		dition as evidenced by doors				
		ely close and latch. Doors are				
		ely close and latch in the der to resist the passage of				
		id of fire. All the occupants in				
		effected if doors do not latch				
		so as to limit the spread of				
	smoke or fire to the	•				
		3				
	Finding on 02/26/20					
		door closes but does not latch				
	to remain in the clos	sed position.				
	2 Paged on observ	ration there is a failure to				
		ration there is a failure to in a proper operating				
		maintain plumbing devices in				
		condition could effect				
		cility if the plumbing does not				
	operate as required					
	,					
	Finding on 05/26/20					
		aucet is broken and will not				
	deliver hot water.					

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Division of Health Service Regulation STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092037	B. WING		05/2	6/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SPRING	ARBOR OF APEX	901 SPRII APEX, NC	NG ARBOR (27502	COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	maintain HVAC duc maintain HVAC insu of the facility if the a to condensation tha Fining on 05/16/201 a. Exterior Water Ho of insulation is deta	vation there is a failure to t work insulation. Failure to ulation could effect occupants absence of the insulation leads at could promote mold growth. 6: eater Room - A large section ched from the duct for a in a portion of the duct not				
C 195	Hot Water System		C 195			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (d) The hot water s provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex	ystem shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees				
	the water temperate within the required to maximum allowable	rements taken by the surveyor ure is not being maintained temperature ranges. A e water temperature is set by at possible scalding injuries to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092037	B. WING		05/2	6/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	ARBOR OF APEX	901 SPRIN APEX, NC	NG ARBOR (27502	COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 195	Continued From pa	ge 3	C 195			
	was measured at 1 Note Plan of Protect and the room was I posted. "Do Not U b. Men's Visitors Re temperature was m Note: A 'Plan of Pro provider and the roo	ver - The water temperature 32°F. tion was prepared by provider ocked and a notice was se, Water Temp is Too High " .				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app. This Rule is not me 1. Based on observe exhaust ventilation exhaust ventilation.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL092037	B. WING		05/2	6/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT							
SPRING	ARBOR OF APEX	901 SPRI APEX, NO		COURT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 199	Continued From pa	ge 4	C 199				
		ors, fumes or possible air s from areas or rooms.					
	Finding on 05/26/20	016:					
	a. The central exha any area of the buil	ust system is not working in ding.					

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